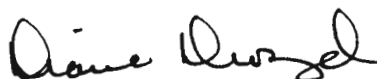


EXHIBIT A

CERTIFICATION

The undersigned being duly sworn does depose and say:

1. That she/he is the person in charge of the Health Information Department of Silver Hill Hospital, New Canaan, Connecticut.
2. That the attached is a true copy of the record of Eleanor Behringer 5 pgs in said hospital.
3. That said record was made in the regular course of the business of said hospital and that it was the regular course of such business to make such a record at the time of the transactions, occurrences, or events recorded therein or within a reasonable time thereafter.



Health Information Administrator

Dated at New Canaan, Connecticut, this 23 day of March 2010

Silver Hill Hospital Patient Registration

Patient Name (Last, First, MI) REHRINGER, GLENNOR						Other (Maiden) Name		Admit Date 05/02/93 <i>DC Date 5/26/93</i>	Admit Time 11:00A	
Sex F	Birthdate [REDACTED]	Birthplace	Age 35	Race 1	Marital Status MAR	Religion 22	Referral Type PROFESSIONAL	Medical Record # 10-68-91	Account # 21642	
Address 28 UNION AVENUE NORWALK CT 06851							Phone 203-847-9442	Social Security # [REDACTED]		
Employer LOCAL 15 SCHOOL DIST		Address E 221 ST AND PAULING AVE NEW YORK NY 10469		Phone 212-882-1212		Occupation TEACHER				
NLR REHRINGER, GLENNOR	RTP 2	Address 28 UNION AVENUE NORWALK CT 06851		Phone 203-847-9442		Work Phone 212-549-7519				
Other Person to Notify		RTP 2		Address		Phone		Work Phone		
Guarantor REHRINGER, GLENNOR		RTP 2		Address 28 UNION AVENUE NORWALK CT 06851		Phone 203-847-9442		Social Security # [REDACTED]		
Guarantor's Employer LOCAL 15 SCHOOL DIST		Address E 221 ST AND PAULING AVE NEW YORK NY 10469		Phone 212-882-1212		Occupation TEACHER		Work Phone 212-549-7519		
PC Reg.	Prequalification Co.	Address		Contact's Name		Reference #		Phone		
Primary Health Insurance Company ALLIANCE				Address						
Insured		RTP	Insured's SSN NONE		Group No.		Policy No.			
Secondary Health Insurance Company				Address						
Insured		RTP	Insured's SSN NONE		Group No.		Policy No.			
Family Physician		Degree	Address				Phone		R.S.C.F.	
Treating Therapist		Degree	Address				Phone		R.S.C.F.	
Other Professional Contact B4		Degree MD	Address NORWALK MEDICAL CT NORWALK CT 06851				Phone 203-847-2277		R.S.C.F. N	
Adv. Dir.	Health Care Agent		RTP 0	Address				Phone		
Att. MD	Assigned MD LEONARD CARLTON		Assg. Consultant		Visit Type IMP	Adm Type	Adm Ser.	House	Room 114-1	Acc 1N

MAY 16 1993

MEDICAL RECORDS SECTION

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
 New Canaan, Connecticut 06840

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 1

Date of Admission: 5/2/93Date of Discharge: 5/26/93Admission Diagnoses:

Axis I	Major depression	296.23
	Alcohol dependence	303.90
	Rule out anxiolytic dependence	
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
Axis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 40	
	Highest GAF past year: 60	

Discharge Diagnoses:

Axis I	Alcohol dependence	303.90
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
	Hypothyroidism	244.90
Axis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 55	
	Highest GAF past year: 60	

Reason For Admission: "If I don't take care of this now it will kill me."

Hospital Course and Condition at the Time of Discharge: This document includes information from Nursing, Social Work, and TA. Medical information as well as family involvement history are also included.

The patient was admitted to Main House, Service B. The problems addressed were as follows:

Problem #1 - Depression, Passive Suicidal Ideation, History of Suicide, and Alcoholism in the Family: The goal was improved concentration and energy, no suicidal ideation, and increased optimism.

We learned, shortly after intake, that the patient had an extremely elevated TSH. She was hypothyroid and this possibly explained her depression. She was seen by Dr.

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 2

Papaharis who placed her on Synthroid. Thyroid function tests improved and so did the patient's affect. She was no longer suicidal. She had brief bouts of tearfulness. Her concentration improved as well as her energy, and her optimism about the future increased markedly.

Problem #2 - Relapse After Eight Years of Sobriety Leading to Suspension of her Driver's License, Blackouts, Seizures, and an Overdose of Doxepin: The goal was safe detoxification.

This took place gradually because of the patient's history of seizures and was completed on 5/17/93. The patient did become somewhat more anxious after the discontinuation of the Valium which we had used as the detoxifying agent. We did this because we could never rule in or out a physical dependence on anxiolytics as well as alcohol since there were benzodiazepines in her urine on admission. We did it slowly also because of a history of seizures which Dr. Levine, a neurologist whom we spoke to on the phone and whom the patient had seen prior to admission, thought could either be due to withdrawal or Doxepin toxicity. The patient had been prescribed Doxepin in a previous hospitalization in California, and when she came into the hospital was on a toxic level of the drug.

The long-term goal was for the patient to learn better relapse-prevention techniques and demonstrate a willingness to apply them.

Mrs. Behringer had been abstinent from alcohol for eight years but had moved from the Bronx to Norwalk and did not pursue an AA network in Norwalk although her husband had done so. She also worked part-time in a country club in which liquor was being served constantly. She had intense cravings for alcohol. As her disposition improved, she developed an abhorrence of relapse and a resolve to pursue a support network here in Norwalk. She was seen in conjoint therapy with her husband on two occasions in which he outlined how grave a threat to his sobriety her drinking behavior was. He gave her an ultimatum about relapse, specifying that he would not be able to tolerate it if she drank again.

Problem #3 - Hypothyroidism: This was addressed in Problem #1.

Medications at Time of Discharge: Synthroid 0.1 mg p.o. qday at 8am, Robaxin 750 mg p.o. tid.

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 3

Presence or Absence of Abnormal Movements: At no time did the patient display any movements suggestive of tardive dyskinesia.

Physical Examination: Within normal limits with a resolving hematoma on the occipital region.

Consultations: The patient saw Dr. Papaharis on 5/5 because of abnormal thyroid function tests and because she had fallen on her left shoulder prior to admission and was having pain. Dr. Papaharis's comments were, "Primary acromioclavicle injury." He prescribed Motrin and ice for improved range of motion. He also said that, since the TSH was 58 with an abnormal T4 and free T4 index, she had hypothyroidism and placed her on Synthroid 0.1 mg qday. She was seen by Dr. Schein because she still had pain in the left shoulder with lack of response to Motrin. She was prescribed a cervical collar and placed on Voltaren. She was seen by Dr. Papaharis on 5/24 to review her thyroid function tests. He said her thyroid function tests showed improvement, her free T4, her T4, and her T3 uptake were normal, and her TSH was 7.2. He advised continuing the Synthroid and repeating the thyroid function tests within one month. If they were not normal he would then increase the Synthroid. The patient was also sent for an MRI of her cervical spine because she did not respond to the change in anti-inflammatory medication and developed some numbness in her arms bilaterally. The report came back after she was discharged and suggested arthritis. A CT scan and x-ray plate of the cervical spine were recommended and I informed the patient of this.

Laboratory Data: EEG within normal limits, EKG showed sinus rhythm with a vertical axis. QRS was normal. T wave was flat in V3, 4, and 6, and was negative or diphasic in V5. Urine was positive only for benzodiazepines during the patient's stay. Thyroid function tests were abnormal as mentioned. Serum cholesterol was also 314 which was related to the patient's hypothyroidism. Her SGOT was 51. Her T4 was 3.3, her T3 uptake was 27.2 and her free T4 index was 0.9. On admission her TSH was 58. Her HDL was 45. Repeat thyroid function tests on 5/13/93 indicated a T4 of 5.9, T3 uptake of 32.2, free T4 index of 1.9 and a TSH of 14. On 5/20/93 the patient's T4 was 8.6, T3 uptake 32.6, free T4 index was 2.8 and her TSH was 7.2. On admission her doxepin level was 254 and the metabolite, desmethyldoxepin was 456 giving a total of 710 ng per ml. CBC was normal. VDRL was non-reactive. HCG was negative. Stools for occult blood were negative. Urinalysis was within normal limits.

Special Diet: Regular diet.

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 4

GAF Anticipated Six Months Post-Discharge and Rationale: 60 if the patient remains abstinent from alcohol.

Aftercare Plan: The patient left the hospital accompanied by her husband. She has plans to continue in outpatient therapy with Ray Messina, C.S.W. He had been her therapist for many years and she also participated in the support group that he ran. Therapy had been targeted to substance abuse.

Carlotta L. Schuster, M.D.
Carlotta L. Schuster, M.D.
CLS/rt

DD:6/4/93

DT:6/4/93

DR:6/9/93

DF:6/10/93

JUN 09 1993

EXHIBIT B

Silver Hill Hospital Patient Registration										Admit Date		Admit Time									
Patient Name (Last, First, MI)					Other (Maiden) Name					05/02/93		11:00A									
SEX					Age					DC Date 5/26/93		Medical Record #									
Birthdate					Race					Referral type		10-68-91									
Place					Marital Status					PROFESSIONAL		Account #									
Address					Religion					Phone		Social Security #									
28 UNION AVENUE NORWALK CT 06851					22					203-847-9442		[REDACTED]									
Employer					Address					Phone		Occupation									
[REDACTED]					E 221 ST AND PAULDING AVE					212-882-1212		TEACHER									
NLR					Address					Phone		Work Phone									
[REDACTED]					28 UNION AVENUE					203-847-9442		212-549-7519									
Other Person to Notify					Address					Phone		Work Phone									
[REDACTED]					[REDACTED]					[REDACTED]		[REDACTED]									
Guarantor					Address					Phone		Social Security #									
[REDACTED]					28 UNION AVENUE					203-847-9442		[REDACTED]									
Guarantor's Employer					Address					Occupation		Work Phone									
[REDACTED]					E 221 ST AND PAULDING AVE					TEACHER		212-882-1212									
PC Req.					Address					Reference #		Phone									
[REDACTED]					[REDACTED]					[REDACTED]		[REDACTED]									
P Health Insurance Company					Address																
[REDACTED]					[REDACTED]																
Insured					RTP Insured's SSN					Group No.		Policy No.									
[REDACTED]					NONE					[REDACTED]		[REDACTED]									
Secondary Health Insurance Company					Address																
[REDACTED]					[REDACTED]																
Insured					RTP Insured's SSN					Group No.		Policy No.									
[REDACTED]					NONE					[REDACTED]		[REDACTED]									
Family Physician					Degree					Address		Phone		R.S.C.F.							
[REDACTED]					[REDACTED]					[REDACTED]		[REDACTED]		[REDACTED]							
Treating Therapist					Degree					Address		Phone		R.S.C.F.							
[REDACTED]					[REDACTED]					[REDACTED]		[REDACTED]		[REDACTED]							
Other Professional Contact					Degree					Address		Phone		R.S.C.F.							
[REDACTED]					[REDACTED]					NORWALK MEDICAL CT		203-845-2277		1 N							
Adv. Dir.					Health Care [REDACTED]					RTP		Address		Phone							
[REDACTED]					[REDACTED]					0		[REDACTED]		[REDACTED]							
Att. MD					Assigned MD					Assg. Consultant		Visit Type		Adm Type		Adm Ser.		House Room		Acc	
[REDACTED]					SCHUSTER CARLOTTA					[REDACTED]		INF		1		2		1 114-1 IN			

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MAY 10 1993

MEDICAL RECORDS #1 UNIT COPY A

P0048

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BERINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 1

Date of Admission: 5/2/93Date of Discharge: 5/26/93Admission Diagnoses:

Axis I	Major depression	296.23
	Alcohol dependence	303.90
	Rule out anxiolytic dependence	
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
Axis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 40	
	Highest GAF past year: 60	

Discharge Diagnoses:

Axis I	Alcohol dependence	303.90
Axis II	No diagnosis	V71.09
Axis III	Status post four seizures	
	Hypothyroidism	244.90
Axis IV	Psychosocial stressors: moderate - 3	
Axis V	Current GAF: 55	
	Highest GAF past year: 60	

Reason for Admission: "If I don't take care of this now it will kill me."

Hospital Course and Condition at the Time of Discharge: This document includes information from Nursing, Social Work, and TA. Medical information as well as family involvement history are also included.

The patient was admitted to Main House, Service B. The problems addressed were as follows:

Problem 1: Depression, Passive Suicidal Ideation, History of Suicide, and Alcoholism in the Family: The goal was improved concentration and energy, no suicidal ideation, and increased optimism.

We learned shortly after intake, that the patient had an extremely elevated TSH. She was hypothyroid and this possibly explained her depression. She was seen by Dr.

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CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BEHRINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 2

Papaharick placed her on Synthroid. Thyroid function tests improved and so did the patient's affect. She was no longer suicidal. She had brief bouts of tearfulness. Her concentration improved as well as her energy, and her optimism about the future increased markedly.

Problem #1: Relapse After Eight Years of Sobriety Leading to Suspension of her Driver's License, Blackouts, Seizures, and an Overdose of Doxepin: The goal was safe detoxification.

This took place gradually because of the patient's history of seizures and was completed on 5/17/93. The patient did become somewhat more anxious after the discontinuation of the Valium which we had used as the detoxifying agent. We did this because we could never rule in or out a physical dependence on anxiolytics as well as alcohol since there were benzodiazepines in her urine on admission. We did it slowly also because of a history of seizures which Dr. Levine, a neurologist whom we spoke to on the phone and whom the patient had seen prior to admission, thought could either be caused by withdrawal or Doxepin toxicity. The patient had been prescribed Doxepin in her previous hospitalization in California, and when she came into the hospital was on a toxic level of the drug.

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Problem #2: Hypothyroidism: This was addressed in Problem #1.

Medication: Time of Discharge: Synthroid 0.1 mg p.o. qday at 8am, Robaxin 750 mg p.o.

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CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BE RINGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 3

Presence or Absence of Abnormal Movements: At no time did the patient display any movements suggestive of tardive dyskinesia.

Physical Examination: Within normal limits with a resolving hematoma on the occipital region.

Consultation: The patient saw Dr. Papaharis on 5/5 because of abnormal thyroid function tests and because she had fallen on her left shoulder prior to admission and was having pain. Dr. Papaharis's comments were, "Primary acromioclavicle injury." He prescribed Motrin and ice for improved range of motion. He also said that, since the TSH was 58 with an abnormal T4 and free T4 index, she had hypothyroidism and placed her on Synthroid 0.1 mg qday. She was seen by Dr. Schein because she still had pain in her left shoulder with lack of response to Motrin. She was prescribed a cervical collar and placed on Voltaren. She was seen by Dr. Papaharis on 5/24 to review her thyroid function tests. He said her thyroid function tests showed improvement, her free T4, her T4, and her T3 uptake were normal, and her TSH was 7.2. He advised continuing the Synthroid and repeating the thyroid function tests within one month. If they were not normal he would then increase the Synthroid. The patient was also sent for an MRI of her cervical spine because she did not respond to the change in anti-inflammatory medication and developed some numbness in her arms bilaterally. The report came back after she was discharged and suggested arthritis. A CT scan and x-ray plate of the cervical spine were recommended and I informed the patient of this.

Laboratory Data: EEG within normal limits, EKG showed sinus rhythm with a vertical axis. QRS was normal. T wave was flat in V3, 4, and 6, and was negative or diphasic in V5. Urine was positive only for benzodiazepines during the patient's stay. Thyroid function tests were abnormal as mentioned. Serum cholesterol was also 314 which was related to the patient's hypothyroidism. Her SGOT was 51. Her T4 was 3.3, her T3 uptake was 32.2 and her free T4 index was 0.9. On admission her TSH was 58. Her HDL was 45. Repeat thyroid function tests on 5/13/93 indicated a T4 of 5.9, T3 uptake of 32.6, free T4 index of 1.9 and a TSH of 14. On 5/20/93 the patient's T4 was 8.6, T3 uptake 32.6, free T4 index was 2.8 and her TSH was 7.2. On admission her doxepin level was 254 and the metabolite, desmethyldoxepin was 456 giving a total of 710 ng/ml. CBC was normal. VDRL was non-reactive. HCG was negative. Stools for occult blood were negative. Urinalysis was within normal limits.

Special Diet: Regular diet.

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MAY 10 1993

CLINICAL RECORD
SILVER HILL HOSPITAL, INC.
New Canaan, Connecticut 06840

NAME: BRUNGER, ELEANOR

MR#: 10-68-91

ACCT.#: 21642

DISCHARGE SUMMARY

Page 4

GAF Anticipated Six Months Post-Discharge and Rationale: 60 if the patient remains abstinent from alcohol.

Aftercare: The patient left the hospital accompanied by her husband. She has plans to continue in outpatient therapy with Ray Messina, C.S.W. He had been her therapist for many years and she also participated in the support group that he ran. Therapy has been targeted to substance abuse.

Carlotta L. Hunter
Carlotta L. Hunter, M.D.
CLS/r

DD:6/4/93

DT:6/4/93

DR:6/9/93

DF:6/9/93

JUN 09 1993

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P0146